

FILED MAY 11 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15355

Do not use this space.

1. PLACE OF DEATH

(a) County ModawanaRegistration District No. 257

(b) Township

Primary Registration District No. 3045(c) City Maryville, Mo.(d) Street No. 251 St. Francis HospitalRegistered No. 68

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mrs. Dora Green SharpJarvis, Atchison Co., Mo.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Wid Francis Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 2-1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

69419

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Nurse

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Atchison Co., Mo.

FATHER

13. NAME

Solomon R. Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UNKNOWN Indiana

MOTHER

15. MAIDEN NAME

Nancy Mulvina Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

UNKNOWN Iowa

17. INFORMANT (ADDRESS)

Jake Sharp, Jarvis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Pleasant Ridge, Mo. Apr. 23, 1944

19. FUNERAL DIRECTOR (ADDRESS)

Harvey H. Schooler, Jarvis, Mo.20. FILED 7-22-1944Arley Barber, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

4/21 1944

22. I HEREBY CERTIFY, That I attended deceased from

4-7 1944 to 4-21 1944I last saw h. cy. alive on 4-20 1944 Death is saidto have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of breast with metastasis to liver & abdomenFeb. 1944

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) H. C. Gaurman, M. D.(Address) 4 wife, Me4-21-44

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Harvey H. Schooler, Licensed Embalmer No. 1662
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
.....L. E.
No.or by, Registered Apprentice No.
working under my personal supervision.
Signed Harvey H. Schooler
Licensed Embalmer No. 1662

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)